

| FEE TRANSMITTAL  |                       | Complete if Known  |                       |  |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
|--|-----------------------|--|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------|--------------|-----------|--|-----------------|------------|-------------------------------------|-----------|--|---------------------------|-----|----------|--|---|-----------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|-----|-------|-----|------------------------|--|----|-----|-----|-----------------------------------|-----|--|-----|-----|--------------------------|-----|-----|---|----|---|-----|-----|-----|--|---|-----------------------|-------|-----|-----|---|---|-----|-------|-----|-----|--|---|-----|-----|-----|-----|--|---|-----|-----|-----|-----|--------------------------|---|-----|-----|-----|----|-------------------------|---|-----|-----|-----|----|----------------------------------|---|-----|-------|-----|-----|------------------------------------|---|-----|-------|-----|-----|---|---|-----|-----|-----|-----|--|---|-----|-----|-----|-----|-------------------------------|---|-----|----|-----|----|---|---|-----|-----|-----|-----|--|---|-----|----|-----|----|--|--------------|---------------------------|--|--|--|--|---|----------------------|--|--|--|--|--|
|  |                       | Application No.  |                       |  |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
|  |                       | Filing Date  |                       |  |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
|  |                       | First Named Inventor   | Cindie M. Luhman      |  |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
|  |                       | Group Art Unit   |                       |  |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
|  |                       | Examiner Name  |                       |  |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| Total Amount of Payment: \$ <u>1028.00</u>   |                       | Atty. Docket Number  | LL11.12-0046          |  |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| METHOD OF PAYMENT (Check One)  |                       | FEE CALCULATION (Continued)  |                       |  |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account No.11-0982.<br>Deposit Account Name: Kinney & Lange, P.A.   |                       | <b>3. ADDITIONAL FEES</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - Late filing fee or oath</td><td>*</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td>*</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td>*</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For Filing a Request for Reexamination</td><td>*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td>*</td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td><td>Extension for reply within second month</td><td>*</td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td><td>Extension for reply within third month</td><td>*</td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td><td>Extension for reply within fourth month</td><td>*</td></tr> <tr><td>128</td><td>1,850</td><td>280</td><td>925</td><td>Extension for reply within fifth month</td><td>*</td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td><td>Filing a brief in support of an appeal</td><td>*</td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td><td>Request for oral hearing</td><td>*</td></tr> <tr><td>148</td><td>110</td><td>248</td><td>55</td><td>Terminal Disclaimer Fee</td><td>*</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td>*</td></tr> <tr><td>141</td><td>1,210</td><td>241</td><td>605</td><td>Petition to revive - unintentional</td><td>*</td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>635</td><td>Utility/Reissue issue fee (inc. advance copies)</td><td>*</td></tr> <tr><td>143</td><td>460</td><td>243</td><td>245</td><td>Design issue fee (inc. advance copies)</td><td>*</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td>*</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td>*</td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of Information Disclosure Statement</td><td>*</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td><u>40.00</u></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td>*</td></tr> <tr><td colspan="5" style="text-align: right;">Subtotal (3) \$40.00</td><td></td></tr> </tbody> </table> |                       | Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee paid     | 105       | 130  | 205             | 65         | Surcharge - Late filing fee or oath | *         | 127  | 50                        | 227 | 25       | Surcharge - late provisional filing fee or cover sheet | *   | 139                   | 130                   | 139                   | 130                   | Non-English specification                 | *                     | 147 | 2,520 | 147 | 2,520                  | For Filing a Request for Reexamination | *  | 115 | 110 | 215                               | 55  | Extension for reply within first month | *   | 116 | 380                      | 216 | 190 | Extension for reply within second month | *  | 117   | 870 | 217 | 435 | Extension for reply within third month | *   | 118                   | 1,360 | 218 | 680 | Extension for reply within fourth month | * | 128 | 1,850 | 280 | 925 | Extension for reply within fifth month | * | 120 | 300 | 220 | 150 | Filing a brief in support of an appeal | * | 121 | 260 | 221 | 130 | Request for oral hearing | * | 148 | 110 | 248 | 55 | Terminal Disclaimer Fee | * | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | * | 141 | 1,210 | 241 | 605 | Petition to revive - unintentional | * | 142 | 1,240 | 242 | 635 | Utility/Reissue issue fee (inc. advance copies) | * | 143 | 460 | 243 | 245 | Design issue fee (inc. advance copies) | * | 122 | 130 | 122 | 130 | Petitions to the Commissioner | * | 123 | 50 | 123 | 50 | Petitions related to provisional applications | * | 126 | 240 | 126 | 240 | Submission of Information Disclosure Statement | * | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | <u>40.00</u> | Other fee (specify) _____ |  |  |  |  | * | Subtotal (3) \$40.00 |  |  |  |  |  |
| Large Entity Fee Code  | Large Entity Fee (\$) |  |                       | Small Entity Fee Code  | Small Entity Fee (\$) | Fee Description       | Fee paid              |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 105  | 130                   | 205  | 65                    | Surcharge - Late filing fee or oath  | *                     |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 127  | 50                    | 227  | 25                    | Surcharge - late provisional filing fee or cover sheet                     | *                     |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 139  | 130                   | 139  | 130                   | Non-English specification  | *                     |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 147  | 2,520                 | 147  | 2,520                 | For Filing a Request for Reexamination                                     | *                     |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 115  | 110                   | 215  | 55                    | Extension for reply within first month                                     | *                     |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 116  | 380                   | 216  | 190                   | Extension for reply within second month                                    | *                     |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 117  | 870                   | 217  | 435                   | Extension for reply within third month                                     | *                     |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 118  | 1,360                 | 218  | 680                   | Extension for reply within fourth month                                    | *                     |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 128  | 1,850                 | 280  | 925                   | Extension for reply within fifth month                                     | *                     |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 120  | 300                   | 220  | 150                   | Filing a brief in support of an appeal                                     | *                     |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 121  | 260                   | 221  | 130                   | Request for oral hearing   | *                     |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 148  | 110                   | 248  | 55                    | Terminal Disclaimer Fee  | *                     |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 140  | 110                   | 240  | 55                    | Petition to revive - unavoidable   | *                     |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 141  | 1,210                 | 241  | 605                   | Petition to revive - unintentional   | *                     |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 142  | 1,240                 | 242  | 635                   | Utility/Reissue issue fee (inc. advance copies)                            | *                     |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 143  | 460                   | 243  | 245                   | Design issue fee (inc. advance copies)                                     | *                     |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 122  | 130                   | 122  | 130                   | Petitions to the Commissioner  | *                     |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 123  | 50                    | 123  | 50                    | Petitions related to provisional applications                              | *                     |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 126  | 240                   | 126  | 240                   | Submission of Information Disclosure Statement                             | *                     |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 581  | 40                    | 581  | 40                    | Recording each patent assignment per property (times number of properties) | <u>40.00</u>          |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| Other fee (specify) _____  |                       |  |                       |  | *                     |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| Subtotal (3) \$40.00   |                       |  |                       |  |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 2. <input checked="" type="checkbox"/> Check Enclosed  |                       |  |                       |  |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| FEE CALCULATION  |                       |  |                       |  |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>101</td><td>760</td><td>201</td><td>380</td><td><input checked="" type="checkbox"/> Utility Filing Fee</td></tr> <tr><td>106</td><td>310</td><td>206</td><td>155</td><td><input type="checkbox"/> Design Filing Fee</td></tr> <tr><td>108</td><td>760</td><td>208</td><td>380</td><td><input type="checkbox"/> Reissue Filing Fee</td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td><input type="checkbox"/> Prov. Filing Fee</td></tr> <tr><td colspan="5" style="text-align: right;">Subtotal (1) \$760.00</td></tr> </tbody> </table>  |                       | Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code  | Small Entity Fee (\$) | Fee Description       | 101                   | 760             | 201          | 380       | <input checked="" type="checkbox"/> Utility Filing Fee | 106             | 310        | 206                                 | 155       | <input type="checkbox"/> Design Filing Fee | 108                       | 760 | 208      | 380  | <input type="checkbox"/> Reissue Filing Fee | 114                   | 150                   | 214                   | 75                    | <input type="checkbox"/> Prov. Filing Fee | Subtotal (1) \$760.00 |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code  | Small Entity Fee (\$) | Fee Description  |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 101  | 760                   | 201  | 380                   | <input checked="" type="checkbox"/> Utility Filing Fee                     |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 106  | 310                   | 206  | 155                   | <input type="checkbox"/> Design Filing Fee                                 |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 108  | 760                   | 208  | 380                   | <input type="checkbox"/> Reissue Filing Fee                                |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 114  | 150                   | 214  | 75                    | <input type="checkbox"/> Prov. Filing Fee                                  |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| Subtotal (1) \$760.00  |                       |  |                       |  |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number Claims</th> <th>Prior**</th> <th>Extra</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total: <u>24</u></td> <td>- <u>20</u></td> <td>= <u>4</u> x</td> <td><u>18</u></td> <td>= <u>72.00</u></td> </tr> <tr> <td>Indep. <u>5</u></td> <td>- <u>3</u></td> <td>= <u>2</u> x</td> <td><u>78</u></td> <td>= <u>156.00</u></td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td><u>0</u></td> <td>=</td> <td><u>0</u></td> </tr> </tbody> </table> <p>**Insert 3 and 20, or number previously paid if greater; Reissue see below</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>78</td><td>202</td><td>39</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>260</td><td>204</td><td>130</td><td>Multiple Dependent Claim</td></tr> <tr><td>109</td><td>78</td><td>209</td><td>39</td><td>Reissue Independent Claims Over Original Patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="5" style="text-align: right;">Subtotal (2) \$228.00</td></tr> </tbody> </table> |                       | Number Claims  | Prior**               | Extra  | Fee from Below        | Fee Paid              | Total: <u>24</u>      | - <u>20</u>     | = <u>4</u> x | <u>18</u> | = <u>72.00</u>   | Indep. <u>5</u> | - <u>3</u> | = <u>2</u> x                        | <u>78</u> | = <u>156.00</u>                            | Multiple Dependent Claims |     | <u>0</u> | =  | <u>0</u>                                    | Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Description                               | 103                   | 18  | 203   | 9   | Claims in excess of 20 | 102                                    | 78 | 202 | 39  | Independent claims in excess of 3 | 104 | 260                                    | 204 | 130 | Multiple Dependent Claim | 109 | 78  | 209                                     | 39 | Reissue Independent Claims Over Original Patent | 110 | 18  | 210 | 9                                      | Reissue claims in excess of 20 and over original patent | Subtotal (2) \$228.00 |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| Number Claims  | Prior**               | Extra  | Fee from Below        | Fee Paid   |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| Total: <u>24</u>   | - <u>20</u>           | = <u>4</u> x   | <u>18</u>             | = <u>72.00</u>   |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| Indep. <u>5</u>  | - <u>3</u>            | = <u>2</u> x   | <u>78</u>             | = <u>156.00</u>  |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| Multiple Dependent Claims  |                       | <u>0</u>   | =                     | <u>0</u>   |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code  | Small Entity Fee (\$) | Description  |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 103  | 18                    | 203  | 9                     | Claims in excess of 20   |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 102  | 78                    | 202  | 39                    | Independent claims in excess of 3  |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 104  | 260                   | 204  | 130                   | Multiple Dependent Claim   |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 109  | 78                    | 209  | 39                    | Reissue Independent Claims Over Original Patent                            |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| 110  | 18                    | 210  | 9                     | Reissue claims in excess of 20 and over original patent                    |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |
| Subtotal (2) \$228.00  |                       |  |                       |  |                       |                       |                       |                 |              |           |  |                 |            |                                     |           |  |                           |     |          |  |   |                       |                       |                       |                       |   |                       |     |       |     |                        |  |    |     |     |                                   |     |  |     |     |                          |     |     |   |    |   |     |     |     |  |   |                       |       |     |     |   |   |     |       |     |     |  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |     |     |    |                         |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |   |   |     |     |     |     |  |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |  |   |     |    |     |    |  |              |                           |  |  |  |  |   |                      |  |  |  |  |  |

Signature Philip F. Fox Reg. No. 38,142  
 Date 6-22-99 Deposit Account No. 11-0982